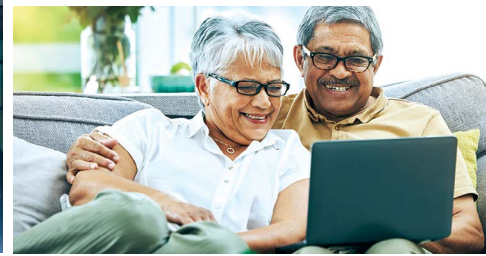
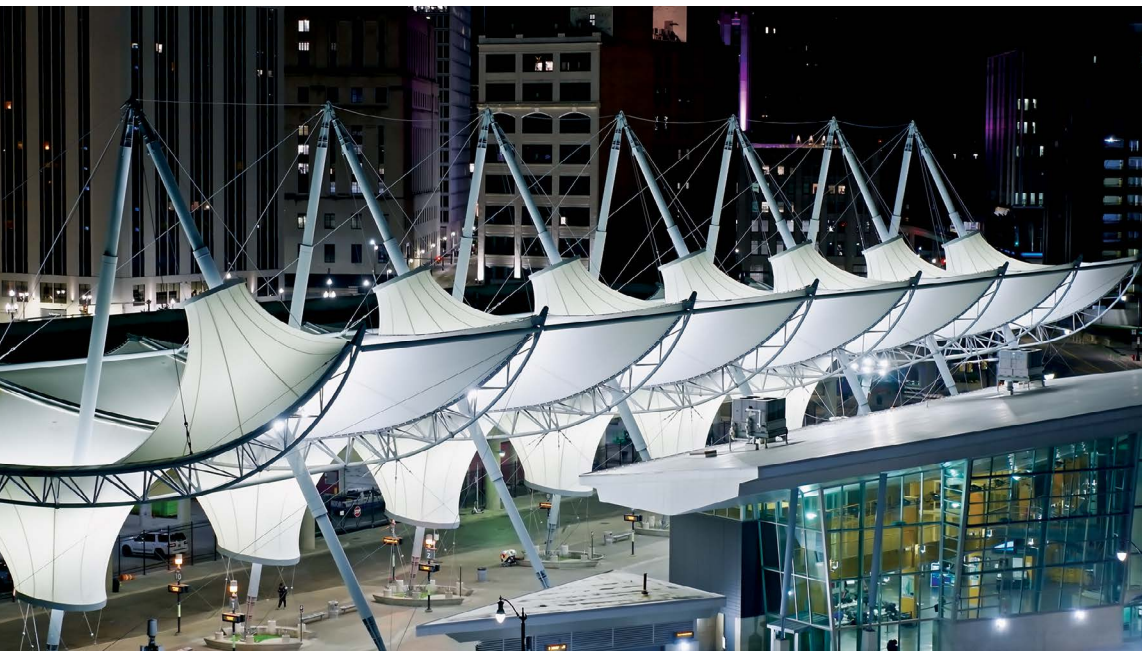


# Non-Medicare Summary of Benefits

Blue Preferred® PPO

January 1, 2026 – December 31, 2026



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TO HELP**



**Michigan Public School Employees'  
Retirement System**

[bcbsm.com/mpsers](https://bcbsm.com/mpsers)

## About the medical plan

When you retire, you, your spouse and your eligible dependents can enroll in healthcare coverage through the Michigan Public School Employees' Retirement System. If you're not yet eligible for Medicare, you have a nationwide preferred provider organization (PPO) medical plan administered by Blue Cross Blue Shield of Michigan.

When you become eligible for Medicare, you'll have a Medicare Advantage plan that is administered by Blue Cross. You'll receive information about the retirement system Medicare Advantage plan in the mail 120 days before your 65th birthday.

## Using preferred providers saves money, offers convenience

The national Blue Cross PPO network offers providers selected for their quality of care and ability to provide cost-effective services. Your Blue Cross membership provides access to Michigan's broadest network of healthcare professionals and hospitals. Outside Michigan, you have access to our extensive Blue Cross plan network providers. Your out-of-pocket costs are lower when you use network providers and it's convenient because you never have to file a claim.

For most services, you're free to choose your own physicians and hospitals and still have coverage. But, if you select a provider that's not part of the PPO network, you share a higher percentage of the cost.

Your routine hearing care benefit is brought to you through an arrangement between Blue Cross and TruHearing. Routine hearing exams and hearing aids are covered only when you call TruHearing and follow the instructions you're given. You can contact TruHearing at **1-855-205-6305** from 8 a.m. to 8 p.m., Monday through Friday. TTY users should call **711**. TruHearing does not provide Blue Cross branded products and services.

In Michigan, in addition to the Blue Cross network, you'll also have a network of independent labs with Quest Diagnostics. To find a Quest Diagnostics lab, visit [questdiagnostics.com](https://questdiagnostics.com)\* or call **1-866-MYQUEST (697-8378)**. TTY users should call **711**.

## What you pay

Your retirement system medical plan has cost-sharing features in which you pay a portion of the cost of services through deductible, coinsurance or copay.

**The deductible is applied before coinsurance.** The annual deductible in 2026 is \$1,000 per member. For members enrolled in the LivingWell program, the annual deductible is \$850 or \$800 based on the number of program steps completed.

The following summary lists your out-of-pocket costs for covered services. Covered services will cost you less when you use a network provider. When you don't use network providers, you'll pay an additional 20% coinsurance out-of-network fee for most services. The additional 20% coinsurance out-of-network fee doesn't apply to your coinsurance maximum.

If your out-of-network provider doesn't participate with Blue Cross Blue Shield, in addition to the out-of-pocket cost indicated for the covered services, you're also responsible for the difference between the provider's charge and the Blue Cross approved amount.

*\*Blue Cross Blue Shield of Michigan doesn't own or control this website.*

Your medical coverage	What you pay	
<b>Hospital care</b>	<b>In network</b>	<b>Out of network</b>
<b>Inpatient care</b> Unlimited days	You pay 10% coinsurance, after the deductible.	You pay 30% coinsurance, after the deductible.*
<b>Outpatient care</b>		
<b>Alternatives to hospital care</b>	<b>Blue Cross approved provider</b>	<b>Non-approved provider</b>
<b>Skilled nursing care</b> Covered up to 100 days (days can be renewed)	You pay 10% coinsurance, after the deductible.	You pay all charges.
<b>Home healthcare</b> Unlimited days	You pay the annual deductible.	
<b>Hospice</b> Covered up to four 90-day periods	You pay nothing.	
<b>Emergency services</b>	<b>In network</b>	<b>Out of network</b>
<b>Emergency medical care</b>	You pay 10% coinsurance, after the deductible. \$150 copay per visit once the annual coinsurance maximum is met. The \$150 copay is waived if you're admitted to the hospital within 72 hours.	
<b>Urgent care visit</b>	You pay 10% coinsurance, after the deductible. \$65 copay per visit once the annual coinsurance maximum is met.	You pay 30% coinsurance, after the deductible.* \$65 copay per visit once the annual coinsurance maximum is met.
<b>Ambulance services</b>	<b>Blue Cross approved provider</b>	<b>Non-approved provider</b>
<b>Ambulance</b>	You pay 10% coinsurance, after the deductible.	You pay 10% coinsurance, after the deductible.*
<b>Surgical services</b>	<b>In network</b>	<b>Out of network</b>
<b>Inpatient or outpatient surgery</b>	You pay 10% coinsurance, after the deductible.	You pay 30% coinsurance, after the deductible.*
<b>Organ and tissue transplants</b> Certain transplants are only covered in Blue Cross designated transplant facilities.		
<b>Doctor visits and services</b>	<b>In network</b>	<b>Out of network</b>
<b>Allergy testing and treatment</b>	You pay 10% coinsurance, after the deductible.	You pay 30% coinsurance, after the deductible.*
<b>Cardiac rehabilitation</b>		
<b>Chemotherapy services</b>		
<b>Chiropractic visits</b> Covered up to 26 visits per year for spinal manipulations, X-rays		
<b>Dental services</b> Dental surgery when hospitalized; treatment for injuries		
<b>Inpatient visits</b>		
<b>Office visits</b> For diagnosis and treatment of general medical conditions		
<b>Physical, occupational and speech therapy</b>		
<b>Virtual care</b>		

\*If the provider doesn't participate with Blue Cross, you also pay the difference between the provider's charge and Blue Cross' approved amount.

The Michigan Public School Employees' Retirement System medical plan is administered by Blue Cross Blue Shield of Michigan under an agreement with the Michigan Office of Retirement Services. This publication is not a contract for coverage, but a brief outline of benefits offered to retirees and their eligible family members who are not yet eligible for Medicare. The information provided here doesn't include all covered and noncovered services or conditions of coverage. Members who enroll in the medical plan are provided detailed information about the plan and terms of coverage. Coverage, including deductible, coinsurances, and copays, is subject to change. Refer to Your 2026 Member Benefit Guide for more information about covered services at [bcbsm.com/mpsers](https://bcbsm.com/mpsers).

Your medical coverage	What you pay	
<b>Vaccines and preventive services</b>		
<b>Vaccines</b>	<b>In network</b>	<b>Out of network</b>
<b>COVID-19 (coronavirus) vaccine</b>	You pay nothing.	
<b>Flu (influenza) vaccine</b> One per flu season		
<b>Hepatitis B vaccine</b>		
<b>Human Papillomavirus (HPV) vaccine</b>		
<b>Pneumococcal (pneumonia) vaccine</b> The number of shots covered, per lifetime, will depend on vaccine used and time between doses. Talk with your doctor to see if you need one or both pneumonia vaccines.		
<b>Respiratory Syncytial Virus (RSV) vaccine</b>		
<b>Shingles vaccine</b>		
<b>Preventive services</b>	<b>In network</b>	<b>Out of network</b>
<b>Annual routine physical exam and standard, routine labs done in conjunction with the physical exam</b> Once per calendar year	You pay nothing.	You pay 20% coinsurance.*
<b>Annual wellness visit</b> Once per calendar year		
<b>Breast cancer screening (mammogram)</b> Once per calendar year		
<b>Cervical and vaginal cancer screening (Pap test and pelvic exam)</b> Once per calendar year		
<b>Depression screening</b>		
<b>Diabetes screening</b>		
<b>Hepatitis B screening</b>		
<b>Obesity screening</b>		
<b>Prostate cancer screening</b> Once per calendar year		
<b>Screening colonoscopy</b> People at high risk — once every 24 months People not at high risk — once every 120 months (10 years)		
<b>COVID-19 (coronavirus) testing</b>	<b>In network</b>	<b>Out of network</b>
At an independent lab	You pay 10% coinsurance, after the deductible.	You pay 30% coinsurance, after the deductible.*
At a provider's office		
At an outpatient hospital		

\*If the provider doesn't participate with Blue Cross, you also pay the difference between the provider's charge and Blue Cross' approved amount.

Your medical coverage	What you pay	
<b>Laboratory and pathology services</b>	<b>In network</b>	<b>Out of network</b>
At an independent lab (Michigan lower peninsula)	You pay nothing at a Quest Diagnostics lab.	If the provider doesn't participate with Blue Cross, you pay the difference between the provider's charge and Blue Cross' approved amount.
At an independent lab (Michigan upper peninsula and outside Michigan)	You pay 10% coinsurance, after the deductible.	You pay 30% coinsurance, after the deductible.*
At a physician's office (In Michigan)	You pay nothing.	
At a physician's office (Outside Michigan)	You pay 10% coinsurance, after the deductible.	
In an outpatient hospital setting		
<b>Diagnostic imaging services</b>	<b>In network</b>	<b>Out of network</b>
<b>Imaging services</b> Includes X-rays, CAT scans, MRIs and PET scans	You pay 10% coinsurance, after the deductible.	You pay 30% coinsurance, after the deductible.*
<b>Dialysis</b>		
<b>Dialysis treatment and services</b> Covers services at a hospital outpatient department or in your home from an approved provider	<b>In network:</b> You pay 10% coinsurance, after the deductible.	<b>Out of network:</b> You pay 30% coinsurance, after the deductible.*
<b>Dialysis supplies</b> From an independent medical supplier or a pharmacy that can bill Blue Cross	<b>Blue Cross approved provider:</b> You pay 10% coinsurance, after the deductible.	<b>Non-approved provider:</b> You pay 30% coinsurance, after deductible.*
<b>Behavioral health, mental health and substance use disorder treatment</b>	<b>In network</b>	<b>Out of network</b>
At a physician's office	You pay 10% coinsurance, after the deductible.	You pay 30% coinsurance, after the deductible.*
At an outpatient facility		
Substance use disorder treatment at an outpatient facility		
<b>Durable medical equipment and supplies, prosthetics and orthotics</b>	<b>Blue Cross approved provider</b>	<b>Non-approved provider</b>
From an independent medical supplier or a pharmacy that can bill Blue Cross	You pay 10% coinsurance, after the deductible.	You pay 30% coinsurance, after the deductible.*
<b>Diabetic supplies</b>	<b>Blue Cross approved provider</b>	<b>Non-approved provider</b>
From an independent medical supplier or a pharmacy that can bill Blue Cross	You pay nothing.	
<b>Routine hearing care</b>	<b>TruHearing provider</b>	<b>Non-TruHearing provider</b>
Routine hearing exams are covered every year and hearing aids are covered every 24 months as long as you call TruHearing at <b>1-855-205-6305</b> and follow the instructions you're given. The TruHearing benefit covers unlimited follow-up visits.	You pay \$45 copay for audiometric exam. You pay \$499 copay per hearing aid for TruHearing Advanced aids. You pay \$799 copay per hearing aid for TruHearing Premium aids. You have a \$700 allowance per aid toward the cost of a hearing aid in the TruHearing catalog (not including TruHearing Advanced or Premium hearing aids). If there is a balance after the allowance is applied, you would be responsible for the balance.	You pay all charges.

\*If the provider doesn't participate with Blue Cross, you also pay the difference between the provider's charge and Blue Cross' approved amount.

Your medical coverage	What you pay
<b>Benefit maximums</b>	
<b>Annual coinsurance maximum</b>	Once coinsurance payments total \$900 per member, you stop paying the 10% coinsurance for in-network services for the rest of the calendar year and the 30% coinsurance for out-of-network services will be reduced to 20%. You pay a copay for emergency room and urgent care visits after the annual coinsurance maximum is met.  <b>Note:</b> Copays and costs for hearing aids are not included in the annual coinsurance maximum.
<b>Transplant maximum</b> Maximum applies to heart, heart-kidney, heart-liver, heart-lung, intestine, liver, lung, lobar lung, pancreas, stomach, multivisceral transplants (multiple abdominal organs) as determined by Blue Cross.	Your coverage includes reasonable and necessary travel and lodging for you and one companion, up to a maximum of \$10,000. If the patient is under the age of 18 years old, coverage extends to two companions.

## Coverage outside Michigan

Whether you're traveling across the country, around the world, or you live outside Michigan, your medical benefits travel with you. As part of the national Blue Cross and Blue Shield Association of plans, you'll find Blue Preferred PPO providers in every state. Using in-network Blue Cross plan providers will minimize your cost and, in most cases, eliminate the need to file a claim.

To locate network doctors, hospitals and participating providers wherever you or a covered family member needs care (have your member ID card handy):

- Use the *Find a Doctor* tool on the Blue Cross mobile app or at [bcbsm.com/mpsers](https://bcbsm.com/mpsers).
- Call BlueCard Access® at **1-800-810-BLUE (2583)** for a list of providers in our nationwide network across the United States, Puerto Rico and the U.S. Virgin Islands.
- Call Blue Cross Blue Shield Global Core at **1-800-810-BLUE (2583)** for doctors and hospitals outside the United States. TTY users should call **711**.
- Call TruHearing for routine hearing care benefits. Routine hearing exams and hearing aids are only covered when you call TruHearing and follow the instructions you're given. You can contact TruHearing at **1-855-205-6305** from 8 a.m. to 8 p.m., Monday through Friday. TTY users should call **711**.

## Navigating your health just got easier

We know that navigating the healthcare system can feel overwhelming at times. That's why Blue Cross is committed to making it easier. Through the Blue Cross Coordinated Care<sup>SM</sup> Advocate program, you can reach out to a care advocate to help with just about anything related to your healthcare.

Care advocates can help you find a network provider, understand diagnoses, treatment plans, test results and more.

To contact a care advocate, call **1-800-422-9146** from 8:30 a.m. to 5 p.m. Eastern time, Monday through Friday. TTY users should call **711**.

Once you've connected with a care advocate, you can stay in touch using the Blue Cross mobile app. Your care advocate will provide instructions on using the mobile app.

## Helping to keep you in the best of health

Your retirement system medical plan focuses on your total health and is dedicated to making sure you receive high-quality and safe healthcare.

Among the national network of providers and hospitals, providers who go above and beyond are recognized as part of the Blue Distinction Specialty Care program. These providers and healthcare facilities deliver consistent, quality care in certain specialties that traditionally have high out-of-pocket costs, such as cardiac care or knee replacement.

## News and information you can use

The quarterly member newsletter, *Best of Health*, keeps you up to date about your medical plan, shows you how to make the most of your health coverage and offers information on wellness and important health issues.

## Tap in to your medical plan

You've got apps to count calories and steps. Now add the BCBSM mobile app — the only one that helps you manage your healthcare benefits and budget for care.

Use the app to check your coverage, claims and balances, show and share your virtual member ID card, find in-network healthcare providers and compare healthcare service costs.

Get the app. Scan the QR code below with your smartphone camera or text **APP** to **222764**. Message and data rates may apply.



**You have many options when it comes to selecting a medical care plan.  
Thank you for choosing Blue Cross Blue Shield of Michigan.**

# Questions?

## Blue Cross Customer Service

1-800-422-9146

TTY users should call 711

Monday through Friday

8:30 a.m. to 5 p.m., Eastern time

[bcbsm.com/mpsers](http://bcbsm.com/mpsers)



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